

C. L. "BUTCH" OTTER, GOVERNOR RICHARD M. ARMSTRONG, DIRECTOR DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fisb@idhw.state.id.us

RECEIVED

July 20, 2010

AUG 0 2 2010

FACILITY STANDARDS

Kathy Prophet Preferred Community Homes - Mallard 7091 West Emerald Street Boise, ID 83704

RE:

Preferred Community Homes - Mallard, provider #13G032

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Mallard, which was conducted on July 15, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by August 1, 2010, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by August I, 2010. If a request for informal dispute resolution is received after August 1, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

MONICA NIELSEN

m. Nulsen

Health Facility Surveyor

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MN/srp

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2010 FORM APPROVED OMB NO. 0938-0391

PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PRODUCTORY OR LOCAL DEPLICACY MORES DEPLICACY MORE DEPLICA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
PREFERRED COMMUNITY HOMES - MALLARD (CA) D			13G032	B. WIN	NG		07/1!	5/2010
PROVIDER'S PLAN OF CORRECTION (GACH DEPICE PROCESS) BY PUL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG				STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER				
The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Monica Nielsen, OMRP Common abbreviations/symbols used in this report are: SSP - Behavior Support Plan HRC - Human Rights Committee PCLP - Person Centered Lifestyle Plan 483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign individualized projected completion dates to objectives for 3 of 3 individuals (Individuals #1 - #3) whose PCLPs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #3's PCLP, dated 10/20/09, documented a 55 year old male diagnosed with severe mental retardation and anxiety disorder with obsessive compulsive features. None of the objectives in his PCLP contained projected completion dates. When asked, the Administrator stated during an interview on 7/15/10 from 9:00 - 10:00 a.m., completion dates PRECEIVE Plan face certification of this plan of correction is required by the state agency dated 10/2 in Submission or agreement by Mallard Landing with the facts, findings or other statements as aleged by the state agency at all agency that the facts, findings or other statements as alleged by the state agency table to serve the right to move this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency Allard Landing with the facts, findings on the plan and does not evidence the truth of any or some of the findings as stated by the survey agency Allard Landing writeries as stated by the survey agency Allard Landing writeries agency administrative action. W 230 Landing "Refered Community Homes, specifical	PRÉFIX	(EACH DEF!CIEN	CY MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
determined the facility failed to assign individualized projected completion dates to objectives for 3 of 3 individuals (Individuals #1 - #3) whose PCLPs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #3's PCLP, dated 10/20/09, documented a 56 year old male diagnosed with severe mental retardation and anxiety disorder with obsessive compulsive features. None of the objectives in his PCLP contained projected completion dates. When asked, the Administrator stated during an interview on 7/15/10 from 9:00 - 10:00 a.m., completion dates completion dates. In addition individual # 1 and 2's objectives have been individualized. All individuals projected completion dates have been reviewed to assure they are present and individualized to each individual. Completed by 8-13-2010 Monitored-Monthly Person Responsible- QIDP RECEIVED AUG 0 2 2010 FACILITY STANDARDS		The following definantial recertifical The survey was of Monica Nielsen, Common abbrevious are: BSP - Behavior SHRC - Human RigPCLP - Person C483.440(c)(4)(ii) The objectives of must be assigned	ciencies were cited during the tion survey. onducted by: QMRP ations/symbols used in this upport Plan ghts Committee entered Lifestyle Plan NDIVIDUAL PROGRAM PLAN the individual program plan I projected completion dates.			"Preparation and implementation plan of correction does not correction of admission or agreement by Malanding with the facts, finding other statements as alleged by agency dated July 15 th , 2010. Submission of this plan of correquired by law and does not ethe truth of any or some of the as stated by the survey agency Landing – Preferred Commun Homes, specifically reserves to move to strike or exclude this as evidence in any civil, crimical administrative action." W 230 483.440(c)(4)(ii) INDIVIDUAL PROGRAM Objectives for Individual #3's	nstitute allard gs or the state rection is evidence findings Mallard ity he right to document nal or	
	ABORATOR	Based on record determined the far individualized properties for 3 or 43) whose PCLP in the potential for on objectives for their rate of learn taken into considerable. Individual #3's documented a 56 severe mental rewith obsessive converse for the object projected comples Administrator sta 7/15/10 from 9:00	review and staff interview, it was acility failed to assign jected completion dates to f 3 individuals (Individuals #1 - s were reviewed. This resulted r individuals to receive training extended periods of time withouting, strengths, and abilities being eration. The findings include: PCLP, dated 10/20/09, s year old male diagnosed with tardation and anxiety disorder empulsive features. Stives in his PCLP contained tion dates. When asked, the ted during an interview on 0 - 10:00 a.m., completion dates	VATUR É		completion dates. In addition individual # 1 and 2's objective been individualized. All individualized completion dates has reviewed to assure they are prindividualized to each individualized to each individualized by 8-13-2010 Monitored- Monthly Person Responsible- QIDP REC AUG	ves have viduals ave been resent and lual.	RDS
Sattle Months Identia trata 1-30	ABUKATOR	T DIRECTORS OR PRO	VIDERGUPPLIER REPRESENTATIVE'S SIGI	VATURE	[[h	Wai tralin	7	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	13G032	B. Wi	NG		07/1	5/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD			699	SOUTH OTTER		
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7/15/10 from 9:00	- 10:00 a.m., the completion					
	SUMMARY STA (EACH DEFICIENC REGULATORY OR I Continued From paneeded to be added 2. Individual #1's It documented a 60 y severe mental reta with obsessive cor All of the objective showed the projection one year from the record did not includifficulty of the task rate of learning, and consideration when time frame. When asked about Administrator state 7/15/10 from 9:00 dates needed to be 3. Individual #2's It documented a 33 y moderate mental rexplosive disorder depression. All of the objective showed the projection one year from the record did not includifficulty of the task rate of learning, and consideration when time frames. When asked about Administrator states.	RED COMMUNITY HOMES - MALLARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 needed to be added to his objectives. 2. Individual #1's PCLP, dated 8/10/09, documented a 60 year old male diagnosed with severe mental retardation and anxiety disorder with obsessive compulsive features. All of the objectives in Individual #1's PCLP showed the projected completion dates were set one year from the PCLP date. Individual #1's record did not include documentation that the difficulty of the tasks or his strengths, abilities, rate of learning, and diagnoses were taken into consideration when establishing the 12 month time frame. When asked about the objectives, the Administrator stated during an interview on 7/15/10 from 9:00 - 10:00 a.m., the completion dates needed to be revised and individualized. 3. Individual #2's PCLP, dated 9/17/09, documented a 33 year old male diagnosed with moderate mental retardation, intermittent explosive disorder, and adjustment disorder with depression. All of the objectives in Individual #2's PCLP showed the projected completion dates were set one year from the PCLP dates. Individual #2's record did not include documentation that the difficulty of the tasks or his strengths, abilities, rate of learning, and diagnoses were taken into consideration when establishing the 12 month	ROVIDER OR SUPPLIER RED COMMUNITY HOMES - MALLARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 needed to be added to his objectives. 2. Individual #1's PCLP, dated 8/10/09, documented a 60 year old male diagnosed with severe mental retardation and anxiety disorder with obsessive compulsive features. All of the objectives in Individual #1's PCLP showed the projected completion dates were set one year from the PCLP date. Individual #1's record did not include documentation that the difficulty of the tasks or his strengths, abilities, rate of learning, and diagnoses were taken into consideration when establishing the 12 month time frame. 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Individual #2's PCLP showed the projected completion that the difficulty of the tasks or his strengths, sibilities, rate of learning, and diagnosed with moderate mental retardation, intermittent explosive disorder, and adjustment disorder with depression. All of the objectives in Individual #2's PCLP showed the projected completion dates were set one year from the PCLP dates. individual #2's record dit not include documentation that the difficulty of the tasks or his strengths, abilities, rate of learning, and diagnoses were taken into consideration when establishing the 12 month time frame. When asked about the objectives in Individual #2's record dit not include documentation that the difficulty of the tasks or his strengths, abilities, rate of learning, and diagnoses were taken into consideration when establishing the 12 month time frames. When asked about the objectives, the Administrator stated during an interview on

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		13G032	B. WIN	IG		07/1	5/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD			STREET ADDRESS, CITY, STATE, ZIP CO 699 SOUTH OTTER MERIDIAN, ID 83642				_
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W 262	The facility failed to completion dates fobjectives were properties which was a superficient protection and the facility of the hundrid to the facility of the hundrid to t	regulatory or LSC IDENTIFYING INFORMATION) Intinued From page 2 Ites needed to be revised and individualized. Ite facility failed to ensure the projected impletion dates for Individuals #1 - #3's ijectives were present and individualized. 3.440(f)(3)(i) PROGRAM MONITORING &		230			
· ·	documented a 60 severe mental reta with obsessive cor	PCLP, dated 8/10/09, year old male diagnosed with ardation and anxiety disorder mpulsive features. P, dated 4/7/10, documented a	-	The statement is a second seco			
	bite release restra in biting his hands contain evidence of	int could be used if he engaged . However, his record did not of approval from the facility's mittee for the use of the		THE STATE AND ASSESSMENT OF THE PROPERTY OF TH			The state of the s
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	I (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		CONSTRUCTION	COMPLI	
		13G032	B. WIN	IG		07/1	5/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD			STREET ADDRESS, CITY, STATE, ZIP COL 699 SOUTH OTTER MERIDIAN, ID 83642				
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W 262	restraint had been been obtained due The facility failed to	0 from 9:00 - 10:00 a.m., the used and approval had not to an oversight. o ensure HRC approval for raint was obtained prior to its	W:	262			
W 263	483.440(f)(3)(ii) PECHANGE The committee share conducted only consent of the clier minor) or legal guardian for 1 of 3 whose restrictive intervent with the written infoguardian for 1 of 3 whose restrictive in This resulted in a laindividual's rights the restrictive intervent 1. Individual #1's Pedocumented a 60 y severe mental retain with obsessive contain biting his hands contain evidence of	codram Monitoring & could insure that these programs with the written informed int, parents (if the client is a rdian. It is not met as evidenced by: eview and staff interviews, it is facility failed to ensure clions were implemented only formed consent of the legal individuals (Individual #1) interventions were reviewed. Eack of protection of an incough prior approval of a clion. The findings include: CLP, dated 8/10/09, year old male diagnosed with rdation and anxiety disorder	W	263	W 263 483.440(f)(3)(ii) PROGRAM MONITORING CHANGE Guardian approval has been for individual #1's restraint for Bite Release. All individual will be reviewed to ensure the consents have received Guar approval and that consents mehavior management plans individual's consents along to Behavior Management plans be reviewed quarterly in commeetings. Completed by 8-4-2010 Monitored- Quarterly Person Responsible- QIDP	obtained for Mandt 's consents nat all dian natch . All with s will now	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD CALL DESCRIPTION STATE AND FORREST OR SUMMARY STATEMENT OF DEFICIENCES (ESCHI DEFICIENCES) (ESCHI DEFICIENCES) (ESCHI DEFICIENCES) (ESCHI DEFICIENCES) (ESCHI DEFICIENCE) (ESC	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LDING	E CONSTRUCTION	COMPL	
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 263 Continued From page 4 When asked, the Administrator stated during an interview on 7/15/10 from 9:00 - 10:00 a.m., the restraint had been used and consent had not been obtained due to an oversight. The facility failed to ensure guardian consent for Individual #1's restraint was obtained prior to its use.					699	SOUTH OTTER		
When asked, the Administrator stated during an interview on 7/15/10 from 9:00 - 10:00 a.m., the restraint had been used and consent had not been obtained due to an oversight. The facility failed to ensure guardian consent for Individual #1's restraint was obtained prior to its use.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
	W 263	When asked, the interview on 7/15/ restraint had been been obtained due. The facility failed to Individual #1's resuse.	Administrator stated during an 10 from 9:00 - 10:00 a.m., the used and consent had not a to an oversight. To ensure guardian consent for straint was obtained prior to its	W	263			

PRINTED: 07/16/2010 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G032 07/15/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER PREFERRED COMMUNITY HOMES - MALLARI MERIDIAN, ID 83642 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM194 16.03.11.075.10(a) Approval of Human Rights MM194 MM194 16.03.11.075.10(a) Committee APPROVAL OF HUMAN RIGHTS COMMITTEE Has been reviewed and approved by the facility's human rights committee; and Refer to W262 This Rule is not met as evidenced by: Refer to W262. FACILITY STANDARDS MM196 16.03.11.075.10(c) Consent of Parent or MM196 MM196 16.03.11.075.10(c) Guardian CONSENT OF PARENT OR Ш GUARDIAN Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and Refer to W263 This Rule is not met as evidenced by: Refer to W263. MM428 16.03.11.120.10(c) Tempeature of hot water MM428 MM428 16.03.11.120.10(c) TEMPERATURE OF HOT The temperature of hot water at plumbing fixtures WATER used by the residents must be between one hundred five (105) to one hundred twenty (120) To ensure hot water temperatures are degrees Fahrenheit. maintained between 105 and 120 degrees Fahrenheit the maintenance This Rule is not met as evidenced by: Based on observation and staff interview, it was man did re-set to acceptable determined the facility failed to ensure hot water temperature and will add a safety lock temperatures were maintained between 105 and box to temperature control device to 120 degrees Fahrenheit for 6 of 6 individuals ensure that only the maintenance man (Individuals #1 - #6) residing at the facility. The would have access to adjusting the findings include: future water temperatures. 1. During an environmental review at the facility Completed by 8-13-2010 on 7/13/10 from 11:55 a.m. - 12:33 p.m., the

Bureau of Facility Standards

Kitchen sink: 125 degrees.

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

following water temperatures were found to

exceed 120 degrees Fahrenheit:

Monitored- Monthly

PCH Maintenance Man

Person Responsible- House RSC and

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
-		13G032	070757.00	SECO OFFICE		07/15/2010			
PREEEDED COMMINITY HOMES MALLARI 699 SOU			699 SOUT	DDRESS, CITY, STATE, ZIP CODE TH OTTER N, ID 83642					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE			
MM428	#6: - 123.4 degrees. Bathroom sink use - 124.7 degrees. Medication Room s - 123 degrees. Present staff were temperatures and maintenance man stated staff would stand-by assistant dropped to an accemaintenance man showed the survey system. It was not 130 degrees. The system to an acce informed the Admit to ensure the system to an acce informed the system to an acceman the system to an acceman to ensure the system to an acceman to the system to the system to an acceman to the system to an acceman to the system to an acceman to the system to the sys	ed by Individuals #1, # ed by Individuals #3 - sink: immediately notified proceeded to call the The RSC, who was ensure individuals has ensure individuals #1, # ensure individuals #3 - ensure individuals has ensur	of the efacility's present, and ademand" was set at esset the end then for a plan ed or	MM428					
MM732	Time limited, giving be achieved.)(iii) Date Objective A g dates when the obj net as evidenced by:		MM732	MM732 16.03.11.270.01(d) DATE OBJECTIVE ACH Refer to W230				
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